



## Kansas Department of Health and Environment Long Term Care Program *Fact Sheet*

October 2002, Vol. 23, No. 4

[www.kdhe.state.ks.us/bhfr](http://www.kdhe.state.ks.us/bhfr)

A NEWSLETTER ON REGULATIONS AND POLICIES AFFECTING LONG TERM CARE PROVIDERS

PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET AT [www.kdhe.state.ks.us/bhfr](http://www.kdhe.state.ks.us/bhfr)

*The Long Term Care Program Fact Sheet is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning regulations and policies that affect long term care providers.*

### **Adult Care Home Summit**

An Adult Care Home Summit will be held on Thursday, November 14 in Topeka. Agenda will include a presentation by KDHE staff on new survey and enforcement protocols for licensed only facilities. Other topics include informal dispute resolution and a study of facility characteristics and survey outcomes. This process will involve assisted living, residential health care, home plus, and adult day care facilities. A letter of invitation from Secretary Graeber and a registration form with the meeting agenda are attached to this issue of the *Fact Sheet*.

### **KU School of Nursing Seeks Ways to Improve Nursing Home Care**

Seeking ways to improve the quality of care received in nursing homes is the focus of a new research grant at the University of Kansas School of Nursing. The National Institutes of Health (NIH) and the National Institute of Nursing Research (NINR) have provided \$1.2 million dollars for a three year project.

### **In this issue** .....

- \* Adult Care Home Summit
- \* KU School of Nursing
- \* Nursing Home Quality Initiative
- \* West Nile Virus
- \* Nursing Home Consultant
- \* Rural Health Information Service
- \* Exemplary Care Facilities
- \* Credentialing Update
- \* Resources for Quality Care / **Late Breaking News p. 7 (not in hard copy of Fact Sheet)**

The goals of project are to examine care planning processes, identify the relationship between the care planning process and resident outcomes, and estimate the costs and assess the efficiency of care planning. A small sample of facilities will be used to analyze the association between the elements of care planning integrity and resident, family and staff satisfaction.

The sample will include 100 Kansas and Missouri nursing homes. Primary data about care planning will be collected via telephone interviews with staff from each facility in the sample. Other information will be obtained from Kansas and Missouri administrative databases. Twelve facilities will be selected for on-site collection of resident, family and staff satisfaction data. The findings will be used to develop new strategies to improve care.

"What we are attempting to do is determine whether the care planning process used by nursing homes makes a difference in a resident's outcomes," Roma Lee Taunton, RN, PhD, principal investigator said. "This research will let us know if there are other things, like the variables mentioned, that can make a difference."

### **Nursing Home Quality Initiative**

Beginning in November 2002, consumers and providers will be able to view facility specific quality

measures for each Medicare & Medicaid-certified nursing home at [www.medicare.gov/NHCompare/home](http://www.medicare.gov/NHCompare/home). The measures posted in November 2002 will reflect the care delivered to post-acute care nursing home residents between January and June 30, 2002 and to chronic care residents between April and June 30, 2002. Subsequent reports will occur quarterly.

Medicare and Medicaid certified nursing homes can preview their own quality measure data prior to the public posting in November. The preview period will be from October 14 through October 22. The facility specific rates will be available via each facility's QIES mailbox (folder) with access to a shared directory that will contain all state and national averages. The QIES mailbox can be found on the MDS Welcome page, facilities use to transmit MDS data. The purpose of the review is to provide nursing homes an opportunity to view their rates prior to the public release of this information. Facilities with questions or concerns regarding their specific quality measures can contact the Nursing Home Quality Initiative Preview Help Desk at 1-888-676-0724. This telephone line will be in operation from 7:00 AM to 6:00 PM Mountain Daylight Time throughout the duration of the preview (October 14-22, 2002).

For more information about the Nursing Home Quality Initiative visit the official CMS website for professionals at [www.cms.hhs.gov](http://www.cms.hhs.gov). Select the professionals category, then providers, then nursing homes. You will then be at the home page for the Nursing Home Quality Initiative at:

[www.cms.hhs.gov/providers/nursinghomes/nhi](http://www.cms.hhs.gov/providers/nursinghomes/nhi).

This site contains Frequently Asked Questions (FAQs), that are updated as needed. Viewers can register at specific FAQs and will receive notification when that FAQ is updated.

An article about the specific quality measures was published in the July 2002 *Fact Sheet*.

## **West Nile Virus Infection**

(West Nile Encephalitis, West Nile Fever, WNV)

### **What is West Nile Virus infection?**

It is an infection caused by West Nile virus (WNV), which is spread to people by the bite of a mosquito infected with the virus. It is usually considered a virus of birds, but people can be accidental hosts. In people, the disease usually causes only a mild illness, but may cause encephalitis (swelling of the brain), meningitis (swelling of the lining of the brain), or even death in rare cases. The virus is named after the West Nile region of Uganda where the virus was first identified.

### **Is West Nile fever a new disease?**

No. This virus was first identified in 1937 in Uganda, Africa. Prior to 1999, the virus had only been identified in Africa, Europe, the Middle East, and Asia. WNV was

first detected in the United States in 1999, when 62 cases and seven deaths from WNV were reported in the New York City area.

### **Who gets West Nile virus?**

Anyone can get infected with WNV if bitten by an infected mosquito. More severe infections are seen in the elderly and those with a weakened immune system.

### **How is West Nile Virus spread?**

WNV is only spread by the bite of infected mosquitoes. Mosquitoes become infected by biting a bird that carries the virus. WNV is not spread from person to person or directly from birds to humans. WNV is not spread by person-to-person contact such as touching, kissing, or caring for someone who is infected.

### **Can you get West Nile Virus from other insects or ticks?**

Infected mosquitoes are the primary source of the virus and caused the recent outbreaks in the United States. There is no evidence that other insects or ticks transmit WNV.

### **What are the symptoms of a West Nile virus infection?**

Most people are infected with WNV do not become ill. People with a mild infection may present with fever, headache, eye pain, muscle aches, joint pain, a rash on the trunk and swollen lymph nodes. In severe cases symptoms include extreme muscle weakness, inflammation of the brain (encephalitis), paralysis, and coma. In rare cases the infection may be fatal, particularly in the elderly and people with other medical conditions.

### **How soon after being bitten by a West Nile virus infected mosquito do symptoms occur?**

Symptoms usually occur 3 to 15 days after a West Nile virus infected mosquito bites a person.

### **Should I be tested for West Nile Virus infection after being bitten by a mosquito?**

No, most mosquitoes are not infected with WNV. WNV infections generally occur during warm weather months when mosquitoes are active. However, even in areas where WNV occurs, only a small proportion of the mosquitoes are likely to be infected.

### **What should I do if I think I have West Nile Virus encephalitis?**

If you develop signs of encephalitis, with fever, muscle weakness, and confusion, you should seek medical care immediately.

### **Does past infection with this virus make a person immune?**

Prior infection with West Nile virus is thought to provide lifelong immunity to the virus.

**What is the treatment for West Nile virus infection?**

There is not specific treatment for West Nile virus infection. A physician may prescribe medications to relieve the symptoms of the illness. In severe cases hospitalization may be required.

**Is there a vaccine against West Nile Virus?**

No. A vaccine to give to people for West Nile Virus does not exist at this time.

**Can you get West Nile Virus from birds?**

There is currently no evidence that West Nile Virus can be spread directly from an infected bird to people. However, dead birds can carry other diseases and should not be handled with bare hands. Use gloves to place dead birds into plastic bags and then placed into outdoor trash.

**How can I report a sighting of dead bird(s) in my area?**

Kansas has a toll free hotline for reporting dead birds: 1-866-452-7810 (532-2569 in Manhattan, KS).

**How can I get a bird tested for West Nile Virus?**

The hotline number, 1-866-452-7810 (532-2569 in Manhattan) includes detailed instructions on which birds will be tested in Kansas and how to arrange pick up of dead birds for testing. Not every dead bird reported or even picked up, will be tested.

**What about horses or other animals?**

Horses and other animals can be infected with WNV from the bite of an infected mosquito. Most horses infected with WNV recover, but there have been horses in the United States that have died of WNV. A vaccine against WNV is available for horses, your local veterinarian should be contacted. Although other animals may be infected with WNV, they may not show signs of the disease. There is not evidence that people can get WNV directly from animals or that animals

**What can be done to prevent an infection with West Nile virus?**

Preventing mosquito bites will prevent West Nile virus infection. Personal protection and reducing mosquito populations will minimize the chance of developing WNV infection when it is present in an area.

Personal protective measures to reduce or prevent mosquito bites include:

- Limiting time spent outdoors at nightfall and

dawn when mosquitoes are active

- Wearing long sleeve shirts and long pants when outdoors

- Using insect repellents containing DEET (N,N-diethyl-methyl-meta-toluamide) when outdoors. Follow the manufacturer's directions carefully.

- Screening your home to prevent mosquito entry.

Reducing mosquito populations will also reduce mosquito bites. In some communities, public funded surveillance and control programs reduce mosquito populations by eliminating mosquito breeding habitat, mosquito larvae or adults. You can also take measures in your own yard or on your property to eliminate standing, stagnant water where mosquitoes breed. Mosquitoes most likely to carry WNV will not breed in fresh water or running water.

Mosquitoes most likely to carry WNV breed in standing, stagnant water. Any container or area where water can collect is a potential breeding ground for mosquitoes, including unused tires, buckets, toys, clogged gutters, birdbaths, and livestock tanks. Turning out the water in containers or replacing/replenishing existing water every three days will interrupt the mosquito life cycle.

**Where do I obtain more information on West Nile Virus?**

You can visit the Kansas Department of Health and Environment (KDHE) Web site ([www.kdhe.state.ks.us](http://www.kdhe.state.ks.us)) for the latest information on West Nile virus prevention and control activities in Kansas. You can also call your local health department or the KDHE Epidemiologic Services (785, 296-3683).

West Nile Virus Updated 7/02

**Nursing Home Consultant**

Caryl Gill, RN, BSN is available to answer questions from nursing facility staff on state and federal regulations. Caryl has developed a resource bank on standards of practice and other issues related to providing care in nursing facilities. She has experience as a director of nursing in two nursing facilities and prior to her new position, was a health facility surveyor with KDHE. Nursing facility staff are encouraged to contact Caryl with their questions about regulations and care issues in their facilities. Caryl can be contacted by calling 785-296-4222 or e mail at [cgill@kdhe.state.ks.us](mailto:cgill@kdhe.state.ks.us). In the past month, the most frequently asked questions dealt with infection control issues.

## Rural Health Information Service Now Available

The Kansas Department of Health and Environment, Office of Local and Rural Health has recently established The Kansas Rural Health Information Service (KRHIS). This service is free and open to anyone interested in rural health and related topics. Information posted on the KRHIS website is available to the public as well as to providers.

The Office of Local and Rural Health has added two categories to this site specifically for providers licensed by the Bureau of Health Facilities. The categories are Hospitals and Health Care Facilities. Under the category of Health Care Facilities are three sub-categories, Assisted Living Facilities, Home Health Agencies, and Long Term Care Facilities.

Each provider is encouraged to go to the KRHIS site at [www.krhis.kdhe.state.ks.us](http://www.krhis.kdhe.state.ks.us) and register. You will have the option of registering for various categories in which you wish to receive notices of information. When a new notice in your chosen category is posted, you will receive either an e-mail or a fax notifying you of the new information. You may then go to the site, choose either by category or by date, and read the latest information.

Our goal is to be able to communicate new information quickly, eliminate needless clutter from your e-mail inbox, and save you time. We will let you know when new information is available, where, and provide a complete internet address for you to access.

You may contact Chris Tilden in the Office of Local and Rural Health at [ctilden@kdhe.state.ks.us](mailto:ctilden@kdhe.state.ks.us) or 785-296-7439 for questions about the site and how to register. You may also contact Kay Jenista in the Bureau of Health Facilities at [kjenista@kdhe.state.ks.us](mailto:kjenista@kdhe.state.ks.us) or 785-296-1240.

The Bureau of Health Facilities has successfully used the KRHIS system to send information to home health agencies. The feedback from providers has been very positive.

## Zero Deficiencies and Exemplary Care Awards

The following facilities were recognized by Secretary Graeber for achieving a zero deficiency resurvey. A zero deficiency resurvey indicates that staff of the facility worked together to achieve a high level of quality of care and services to their residents.

Logan County Manor	Logan
Hamilton County Hospital LTCU	Syracuse
Susan B. Allen Memorial Hospital	El Dorado
Bethel Health Care Centre	Newton
Via Christi Riverside Med Ctr, SNF	Wichita
Mt. Carmel Medical Center, SNF	Pittsburgh
Woodhaven Care Center	Ellinwood
Enterprise Estates	Enterprise
Moundridge Manor	Moundridge
Bethany Home Association	Lindsborg
Phillips County LTCU	Phillipsburg
Kearney County Hospital LTCU	Lakin
Hill Top Manor	Cunningham
Salina Presbyterian Manor	Salina
Larksfield Place	Wichita
Salina Regional Health Center, SNF	Salina
Anthony Community Care Center	Anthony
Leonardville Nursing Home	Leonardville

Garden Terrace in Overland Park, Aberdeen Village in Olathe, Parkway Care Home in Edwardsville and Bethel Home in Montezuma received exemplary care award recognitions from Secretary Graeber. The areas of exemplary care for each facility included the following:

### Garden Terrace

Implementation of creative and innovative activity/social programs that met the needs of residents with varying levels of functioning.

Creative methods for meeting the nutritional needs and personal food preferences of residents.

Developed a mutually beneficial relationship between the community and residents.

Implemented and cultivated a comprehensive program that recognized and respected the rights of residents.



**Aberdeen Village**

Developed and implemented a care management system that resulted in residents regained or maintained the highest level of mobility. All residents in this facility participated in a restorative nursing program provided by nurse aides.

The physical environment supported resident function, autonomy, sanitation, cleanliness and aesthetic appeal.

**Parkway Care Home**

Developed and implemented a care management system that resulted in residents regaining or maintaining the highest practicable level of mobility.

Implemented a program to protect the safety of residents and reduced accidents to a minimum.

**Bethel Home**

Developed a volunteer program that allows spouses/family members of residents, occupants of an attached independent living apartments and other interested community members to assist at mealtimes. As a gesture of appreciation, these volunteers are invited to enjoy a meal prepared by the excellent cooks of the facility. Residents enjoy seeing and visiting with volunteers. The volunteers, many of whom are elderly, single people, enjoy nutritious meals in a pleasant, social environment.

Facility has an activity program that is varied and includes adults and children from the community. The maintenance man installed an elaborate electric train display in the activity room that residents and visitors enjoy viewing. Community children of all ages brought toys to the facility for an activity. Younger children brought dolls, cars and trucks. Older children brought remote control cars, robots, and other mechanical toys. Children of all ages enjoyed playing with the toys. Residents report that if they had more activities they "wouldn't get our work done."

**Health Occupations Credentialing Update****Credentialing Training Programs**

Ninety-five individuals attended Health Occupations Credentialing's information and training programs during the past year. The sessions were presented by Betty Domer, Dolores Staab and Martha Ryan in four locations: Topeka, Dodge City, Colby and Fort Scott. Thank you to Kaw Area Technical School, Topeka; Dodge City Community College, Dodge City;

Colby Community College, Colby; and Fort Scott Community College, Fort Scott for hosting the programs.

Each session consisted of:

- information about current and new forms and procedures
- information about HOC programs
- a presentation of adult education material
- an opportunity to share information, techniques and resources with co-participants
- an opportunity to ask questions.

The evaluations reflected positive feedback for the training. Ninety-five percent of the participants agreed that "the program met my expectations and was a good use of my time." The comments suggested that the session was very informative and helpful. Comments included: "I thought this was very informative and the sharing of other's ideas was great." "I enjoyed the session and learned a lot."

If you would like to suggest a location for an information and training session, or would like to host a session, please contact Dolores Staab at 785-296-6796 or [dstaab@kdhe.state.ks.us](mailto:dstaab@kdhe.state.ks.us).

**Credential Verification for Licensed Staff**

The Health Occupations Credentialing Unit is responsible for licensing various types professionals working in long term care facilities. It is good practice for facilities to verify the credentials of licensed staff. Licensure for dietitians, speech-language pathologists, audiologists and adult care home administrators can be verified by contacting Brenda Nesbitt, Licensing Administrator, Health Occupations Credentialing at (785) 296-0061 or by email at [bnesebitt@kdhe.state.ks.us](mailto:bnesebitt@kdhe.state.ks.us). There is no cost to verify licensure by telephone or email.

**Adult Care Home Administrator Renewals**

On May 2, 2002 renewal notices were mailed to 358 licensed adult care home administrators with licenses due to expire June 30, 2002. License renewals have been issued to 297 administrators for an 83% renewal rate. On July 10, 2002 second notices were mailed to 76 administrators who had yet to respond. The renewal process went well with very few delays in processing. Below is a listing of approximate figures regarding licensed adult care home administrators:

Approximate Figures

705	Total Active Administrators
358	Renewal Notices Mailed
297	Renewals Issued as of 07/30/02
1	Pending/Problems/Audit
29	Responded Indicating They Are Not Renewing
25	Renewal Notices Returned Undelivered
6	Have not responded

## Resources for Quality Care

### Culture Change in Nursing Homes

On September 27, CMS presented a satellite broadcast on Culture Change. The program was excellent and reinforced that regulations are not a barrier to changing the culture of nursing homes to a more resident centered care delivery system. One of the most interesting portions of the broadcast was a demonstration by Joanne Rader of a towel bath for a resident who resists having showers or a whirlpool bath. Below is a list of internet resources and a bibliography related to the issues presented during the broadcast. The broadcast can be viewed at <http://cms.internetstreaming.com>. Video tapes of the broadcast will be placed in the Kansas Public Health and Environment Information Library as soon as they are available.

#### • Internet Resources

Pioneer Network  
P.O. Box 18648  
Rochester, NY 14618  
585-271-7570  
[www.pioneernetwork.net](http://www.pioneernetwork.net)

South Carolina Eden Alternative Coalition  
3620 Pelham Rd., PMB #355  
Greenville, SC 29615  
864-609-5701  
[SCEdenAlt@aol.com](mailto:SCEdenAlt@aol.com)

Pennsylvania Culture Change Coalition  
c/o Department of the Auditor General  
Office of Policy and Planning  
Room 231 Finance Building  
Harrisburg, PA 17120

SAGE- Society for the Advancement of Gerontological Environments  
c/o Institute of Aging and Environment  
School of Architecture and Urban Planning  
University of Wisconsin - Milwaukee  
P.O. Box 413  
Milwaukee, WI 53201-0413  
[sageorganization@hotmail.com](mailto:sageorganization@hotmail.com)

BEAM - Bringing the Eden Alternative in Missouri  
[jsteiner@mibeam.org](mailto:jsteiner@mibeam.org)

TEAM - Teaching the Eden Alternative in Missouri  
800-309-3282

Colorado Culture Change Coalition  
[www.coculturechange.org](http://www.coculturechange.org)

The Eden Alternative™™  
742 Turnpike Road  
Sherburne, NY 13460  
607-674-5232  
[info@edenalt.com](mailto:info@edenalt.com)  
[www.edenalternative.com](http://www.edenalternative.com)

Culture Change Now  
Culture Change Consultants and Trainers  
[www.culturechangenow.com](http://www.culturechangenow.com)  
[www.actionpact.com](http://www.actionpact.com)  
414-258-3649

SAGE Kansas  
[www.sucessfulagingcenter.org](http://www.sucessfulagingcenter.org)  
Click on drop down box for SAGE Kansas

National Clearinghouse on the Direct Care Workforce  
[www.directcareclearinghouse.org](http://www.directcareclearinghouse.org)

#### • Bibliography from September Satellite Broadcast

Barrick, A., Rader, J., Hoeffler, B., & Sloane, P. (2002). Bathing without a battle: Personal care for persons with dementia. New York: Springer Publishing Company.

Beck, C., Frank, L., Chumbler, N., O'Sullivan, P., Vogelpohl, T., Rasin, J., Walls, R., & Baldwin, B. (1998). Correlates of disruptive behavior in severely cognitively impaired nursing home residents. The Gerontologist, 38(2), 189-198.

Hoeffler, B., Rader, J., McKenzie, D., Lavelle, M., & Stewart, B. (1997). Reducing aggressive behavior during bathing cognitively impaired nursing home residents. Journal of Gerontological Nursing, 23(5), 16-23, 53-59.

Rader, J., Barrick, A. (2000). Ways that work: Bathing without a battle. Alzheimer's Care Quarterly, 1 (4): 35-49.

Rader, J., (1999). Making bathing pleasurable. Oregon Senior & Disabled Services Division, Quality Works! (summer). 1, 4, 8.

Rader, J. (1994). To bathe or not to bathe: That is the question. Journal of Gerontological Nursing, 20(9), 53-54.

Rader, J., Lavelle, M., Hoeffler, B., & McKenzie, D.

(1996). Maintaining cleanliness: An individualized approach. *Journal of Gerontological Nursing*, 22(3), 32-38, 47-53.

Sloane, P., Honn, V., Dwyer, S., Wieselquist, J., Cain, C., Myers, S. (1995). Bathing the Alzheimer's patient in long term care: Results and recommendations from three studies. *The American Journal of Alzheimer's Disease* (July/August), 3-11.

Sloane, P., Rader, J., Barrick, A., Hoeffler, B., Dwyer, S., McKenzie, D., Lavelle, M., Buckwalter, K., Arrington, L., & Puritt, T. (1995). Bathing person with dementia. *The Gerontologist*, 35, 672-678.

- **Immunizing Nursing Facility Residents**

This video tape is from a satellite broadcast earlier this summer by CMS. Three copies will be placed in the KPHEIL for check out by staff of nursing facilities. The video tape is one hour and 35 minutes long. It would be a good resource for inservice education.

- **Focus on Food Safety**

On-line food safety education including a quiz is available at <http://www.kdhe.state.ks.us/fofs/index.html>. Additionally each of the 20 pages may be printed in color for use in staff training. Please remember although food may be safely held at proper temperatures for longer than 30 minutes, important nutrients are lost when foods are held at safe temperatures for longer periods of time.

- **Liberalized Diets For Older Adults in Long Term Care, American Dietetics Association position paper**

One of the major determinants among the predictive factors of successful aging is nutrition. However it was found that most residents in a nursing home with evidence of malnutrition were on restricted diets that might discourage nutrient intake. Specific guidance of liberalizing diets for residents with diabetes, cardiac disease, hypertension, and renal disease is included. *Journal of the American Dietetic Association*, September 2002, vol 102, number 9, pp 1316-1323.

- **Reducing Malnutrition and Dehydration in Nursing Homes**

Best practice methods for accurately determining and tracking food intake, fluid intake, and body weights were identified. A new staff position, the Food and Hydration Aide, was developed and evaluated as a means to achieve an interdisciplinary team approach for the accurate and timely identification of nutrition and

hydration problems. Approaches to increase resident food and fluid intake at and between meals were also developed and tested.

The summary of this two year project funded by CMS and AoA is available on line at [http://www.fiu.edu/~nutreldr/LTC\\_Institute/Demo\\_Project/demo\\_project.htm](http://www.fiu.edu/~nutreldr/LTC_Institute/Demo_Project/demo_project.htm) or if you are not able to go directly [www.fiu.edu/~nutreldr](http://www.fiu.edu/~nutreldr) and select LTC Institute and projects.

- **Nutrition Affects Cognitive Impairment In The Elderly**

Recent research suggests that deficiencies of folate or vitamin B-12 and elevations of plasma homocysteine (tHcy) are associated with cognitive impairment and dementia. May 2002, vol 75, number 5, pp 785 and 908-913 *The American Journal of Clinical Nutrition*.

- **"Eye on Nutrition" from the American Optometric Association**

An on-line quiz to assess dietary adequacy of nutrients that affect eye health at [www.aoa.org/eyeonnutrition](http://www.aoa.org/eyeonnutrition)

**LATE BREAKING NEWS:**

The **Facility Complaint Investigation Report Form** is now available on KDHE's web site <http://www.kdhe.state.ks.us/bhfr/index.html> as an interactive Portable Document Format (.pdf) file. The form is to be used only by KDHE regulated adult care homes in reporting the results of self-investigated allegations of abuse, neglect and/or exploitation. Users of this form must still contact the Bureau of Health Facility's Complaint Program for a report case number which must be entered on the form where indicated. The Complaint Hotline number is 1-800-842-0078.

The investigation form is made available as an **interactive** document. Thus it can be completed on screen by using the mouse to click on a particular field or by using the keyboard "Tab" key to move from field to field. The completed form can then be printed by either using the PRINT button in the bottom left hand corner of pp. 1-3 of the form or by using the Print command from your software's menu. The form can be RESET (i.e. all fields are cleared) by using the button in the lower right hand corner of pp. 1-3 of the form. Once the form is completed and printed, it must then be signed on page 2 before submission to the appropriate Regional Manager. Page 4 contains a map of KDHE's regions with contact information.

To view the Facility Complaint Investigation form, you must have version 5.0 or greater of Adobe Acrobat Reader available here: <http://www.adobe.com/products/acrobat/readstep2.html>

**ANE ISSUE STATISTICS 6/1/02 to 8/31/02**  
**Hotline Calls Assigned for Investigation**

	Facility ANE	Non-fac ANE	General Care
Total	588	19	317
June	200	4	90
July	203	9	121
Aug	185	6	106

*Licensure Category	Correction Orders 2002 Quarters			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Inappropriate or unauthorized use of restraint	0	1		
Inadequate Policies & Procedures regarding Infection Control	1	0		
Inadequate Range of Motion (ROM) Services	0	0		
Inadequate Inservice Education	0	2		
Disaster Preparedness	0	2		
Inadequate Policies & Procedures for Special Care Unit (SCU)	0	0		
Inadequate supervision	0	0		
Inadequate or inappropriate hygiene and skin care	0	0		
Inadequate or unqualified staffing	3	3		
Unsafe medication administration or storage	3	6		
Inadequate or inappropriate dietary/nutritional services	1	2		
General sanitation and safety	1	5		
Inadequate accounting of funds	0	1		
Inadequate administration	0	8		
Other:				
ANE issues	0	2		
Inappropriate admissions	0	0		
Resident Functional Capacity Screen	3	0		
Negotiated Service Agreement	7	7		
Health Care Services	7	6		
Inadequate documentation of resident records	0	1		
Civil Penalties	4	5		
Correction Orders	15	19		
Bans on Admission	7	7		

\*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.

**FEDERAL REMEDIES -CATEGORIES 2 & 3 - 2002 Quarters**

	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	7	9		
Denial of Payment for New Admissions Imposed	12	17		
Terminations	0	0		
NOTC (No opportunity to Correct)	28	29		